CLAIMS ONLY			Application Number 10/099931		Filing Date.
			Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
(1)							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
(8)							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
(15)							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
(22)							72						
23							73						
24							74						
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28							78						
29							79						
30							80						
31							81						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						